

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F00000004842**

1. Entity Name

**BUSINESS STRATEGY AUDIT SERVICES, INC.**

Principal Place of Business

**944 52ND ST SE  
GRAND RAPIDS MI 49508**

Mailing Address

**944 52ND ST SE  
GRAND RAPIDS MI 49508**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **38-3038374**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCD	<input type="checkbox"/> Delete
NAME	FAYON, CHARLES	
STREET ADDRESS	6463 CROOKED CREEK	
CITY-ST-ZIP	HOWARD CITY MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SD	<input type="checkbox"/> Delete
NAME	VAN DYKE, DENNIS	
STREET ADDRESS	5263 LONDONBERRY SE	
CITY-ST-ZIP	KENTWOOD MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	STD	<input type="checkbox"/> Delete
NAME	GEELHOED, DANIEL	
STREET ADDRESS	1810 WOODCLIFF SE	
CITY-ST-ZIP	GRAND RAPIDS MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	KISTLER, DAVID	
STREET ADDRESS	2193 GREENDALE DR.	
CITY-ST-ZIP	JENISON MI	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VECC-PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTHONY GOLDANS	
STREET ADDRESS	4257 STONEBROOK RD #9	
CITY-ST-ZIP	WYOMING, MI 49509	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**DAVID P. KISTLER**  
DIRECTOR OF FINANCE

Date

Daytime Phone #

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90313 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)